

# PLUMBING HOMEOWNER PERMIT APPLICATION

Permit Number PLM _____ Permit Fee \$ _____ Date _____	
<b>A. ADDRESS</b>  _____ NUMBER N-S-E-W STREET NAME APT #  IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____	<b>L. SQUARE FOOTAGE:</b> _____  <b>M. DETAILED SCOPE OF WORK:</b> _____ _____ _____ _____ _____
<b>B. OWNER OF THE PROPERTY:</b>  NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT #  CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____	<b>N. Is this scope of work only extending a new gas line to service a listed appliance?</b> _____ YES _____ NO
<b>C. USE OF STRUCTURE: (CHECK ONE)</b>  _____ 1) ONE FAMILY _____ 2) TWO FAMILY _____ 3) MULTI-FAMILY/CONDOS _____ NUMBER OF UNITS (must be 8 or less)	<b>O. OWNER QUESTIONNAIRE:</b>  <input type="checkbox"/> Do you own the property where the work is to be performed? _____ YES _____ NO <input type="checkbox"/> Do you reside at the property where the work is to be performed? _____ YES _____ NO <input type="checkbox"/> Are you familiar with the plumbing related building code? _____ YES _____ NO <input type="checkbox"/> Do you have or have you ever had a plumbing license in another state? _____ YES _____ NO <input type="checkbox"/> Will you have help performing the work? _____ YES _____ NO <input type="checkbox"/> List everyone that will be assisting you with the plumbing work. _____ _____ _____
<b>D. PERMIT TYPE: (CHECK ONE)</b>  _____ 1) ALTERATION/REMODEL _____ 2) CONNECTION, RECONNECTION _____ 3) NEW INSTALLATION _____ 4) RESIDENTIAL ACCESSORY _____ 5) RESIDENTIAL ADDITION _____ 6) UNDERSLAB ONLY _____ 7) WATER HEATER	<b>I AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.</b>  Applicant Signature _____  Date _____
<b>E. Will any electrical work be accomplished under this permit?</b> _____ YES _____ NO	<b>Office Use Only</b>  Approval Administered By _____
<b>F. PLUMBING CODE USED:</b>  _____ Indiana Plumbing Code _____ Indiana Residential Code	
<b>G. VALUE OF PLUMBING WORK: \$</b> _____	
<b>H. CONSTRUCTION DESIGN RELEASE:</b> _____	
<b>I. STRUCTURAL PERMIT NUMBER:</b> _____	
<b>J. STRUCTURAL PERMIT FEE: \$</b> _____	
<b>K. NUMBER OF FIXTURES:</b> _____	